## APPENDIX F BALLOT TRANSMISSION TIME MONITORING FORM

Name of Voting Assistance Officer:						
Department or Agency: Location:						
NAME OF VOTER	DATE FPCA FOR BALLOT MAILED	LOCATION TO WHICH FPCA MAILED	DATE BALLOT RECEIVED BY VOTER	DATE FWAB MAILED		

## **BALLOT TRANSMISSION TIME MONITORING FORM**

NAME OF VOTER	DATE FPCA FOR BALLOT MAILED	LOCATION TO WHICH FPCA MAILED	DATE BALLOT RECEIVED BY VOTER	DATE FWAB MAILED